

B

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/048075** FILING DATE

APPLICANT

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS					
						IND.		DEP.		IND.	
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TOTAL DEP.		3									
TOTAL CLAIMS		6									

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TOTAL IND.		3			
TOTAL DEP.		3			
TOTAL CLAIMS		6			